

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155777		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/29/2012	
NAME OF PROVIDER OR SUPPLIER CREASY SPRINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1750 S CREASY LN LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00103679.</p> <p>Complaint IN00103679 - Substantiated. Federal/State deficiencies related to the allegations are cited at F279, F309, F323.</p> <p>Survey Dates: February 28, 29, 2012</p> <p>Facility Number: 012285 Provider Number: 155777 AIM Number: 201006770</p> <p>Survey Team: Linda Campbell, RN</p> <p>Census Bed Type: SNF/NF: 8 SNF: 49 Residential: 47 Total: 104</p> <p>Census Payor Type: Medicare: 27 Other: 77 Total: 104</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>The submission of this POC does not indicate an admission by Creasy Springs Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Creasy Springs. The facility maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. This POC will serve as the credible allegation of compliance with all federal and state requirements governing the management of this facility.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review 3/01/12 by Suzanne Williams, RN						

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure residents' care plans were complete and updated for 2 of 4 residents reviewed for care plans in a sample of 4. (Residents #B and #D).</p> <p>Findings include:</p> <p>1. Resident #B's clinical record was reviewed on 2/29/12 at 8:15 A.M. The record indicated the resident had a pacemaker implant. The record also indicated the resident had been readmitted from the hospital to the facility on</p>		F0279	<p>1) Resident D discharged on 12/26/11. For resident B, the facility developed a pacemaker care plan on 2/29/12 which addressed parameters, frequency of heart rate checks, and physician orders for pacemaker check appointments. 2) Current residents in Health center had their fall care plans reviewed addressing the the accuracy of fall risks and assuring that all interventions were in place and appropriate. On March 1, 2012, nursing management staff identified 4 of 57 residents with pacemakers through chart audits.</p>		03/19/2012	

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	<p>2/20/12.</p> <p>Documentation was lacking in the clinical record to indicate what type of pacemaker the resident had implanted.</p> <p>A physician orders recapitulation dated February 2012, indicated documentation was lacking related to the frequency the resident's pulse should be taken or pulse rate parameters to indicate when the physician should be notified.</p> <p>Interview on 2/29/12 at 9:40 A.M. with the Director of Nursing indicated the resident's pulse should be checked daily. She indicated there were no pulse parameters ordered by the physician.</p> <p>A "Nursing Admission Assessment & Data Collection" form dated 2/20/12, indicated "Cardiac Plan of Care." Further review indicated "Pacemaker checks as ordered due Mar '12..." Documentation was lacking related to checking the resident's pulse and related to pulse parameters for the resident's pacemaker.</p> <p>Interview on 2/29/12 at 9:40 A.M. with the Director of Nursing indicated the care plan was on the Nursing Assessment form. She indicated there were no pulse parameters on the care plan.</p>		<p>Physician orders were obtained for parameters, frequency of heart rate checks, and pacemaker check appointments. All Residents identified have updated pacemaker care plans in place 3) Nursing administration will review each new admission and readmission for fall care plans to assure interventions are appropriate to prevent falls. All residents with falls will be reviewed by nursing administration to assure all careplans are updated with appropriate and new interventions in place. The DHS or designee will review charts on all new admissions and readmissions to see if Residents have a pacemaker present, Physician orders for parameters, frequency of heart rate checks, and pacemaker appointments. A pacemaker care plan will be in place upon admission and nursing administration will audit all new admissions and re-admissions daily. All licensed nursing staff have been inserviced on falls and safety management program policy and procedures. All licensed staff have been inserviced on pacemaker policy and procedures including obtaining physician orders for parameters, frequency of heart rate checks, and pacemaker appointments and initiating a care plan on admission. 4) DHS or designee's daily audits will be reviewed in Monthly QAA for 6</p>				

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	<p>Review on 2/29/12 at 10:30 A.M. of an undated facility policy and procedure, provided by the Director of Nursing, identified a current, and titled "Guidelines for Pacemaker" indicated "...The physician shall provide the facility with the specific maximum heart rate above the pacemaker rate that is acceptable...The physician shall provide the programmed lower and upper rate for the pacemaker...Pulse shall be taken per the physician orders..."</p> <p>2. Resident D's clinical record was reviewed on 2/28/12 at 1:15 P.M. The record indicated the resident had fallen on 11/5/11 with resultant fracture of the left femur.</p> <p>A "Fall Circumstance, Assessment and Intervention" form dated 11/5/11 indicated "...Prevention Update...had res (resident) @ Nurses station to monitor...will reassess upon return from hospital..."</p> <p>Interview on 2/28/12 at 9:40 A.M. with the Director of Nursing indicated the intervention after the fall was to "educate the resident to use the call light."</p> <p>A resident care plan dated 9/20/11 indicated "Falls...at risk for fall/injury..." Documentation was lacking related to</p>		months to assure substantial compliance.				

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	reeducating the resident or having the resident at the nurses' station to monitor. This federal tag relates to complaint IN00103679. 3.1-35(a)						

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F0309 SS=G	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure residents were provided necessary care and services related to obtaining an x-ray as ordered by the physician after a fall resulting in continued pain and delay in treatment for 1 of 3 residents with falls and related to obtaining pacemaker parameters for 1 of 1 resident with a pacemaker, in a sample of 4. (Residents #B and #D).</p> <p>Findings include:</p> <p>1. Resident #D's closed clinical record was reviewed on 2/28/12 at 1:15 P.M. The record indicated the resident was admitted with diagnoses which included, but were not limited to, closed fracture femur, osteoarthritis, and difficulty walking. The resident had been admitted to the facility after sustaining a fall at home resulting in a fractured femur.</p> <p>Nurses' notes indicated the resident had fallen on 11/5/11 resulting in a fractured hip and had been admitted to the hospital.</p>		F0309	<p>1) Resident D discharged on 12/26/11. For resident B, the facility developed a pacemaker care plan and obtained Physician orders on 2/29/12 which addressed parameters, frequency of heart rate checks and appointments for pacemakers.2) Current Residents that sustained a fall within the past 30 days and continue to complain of pain related to the fall have been reviewed. On March 1, 2012, nursing administration staff identified 4 of 57 residents with pacemakers through chart audits. Physician orders were obtained for parameters, frequency of heart rate checks, and pacemaker check appointments. Pacemaker care plans were implemented.3) Current residents that have fallen and continue to complain of pain will be assessed and physician will be notified for further orders. All licensed nursing staff have been inserviced on falls and safety management program policy and procedures. All physician orders for X-rays and the monitoring of pain after a fall</p>		03/19/2012	

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	<p>A "Skilled Nursing Assessment and Data Collection" form dated 11/20/11 (no time) indicated "...Res (resident) placed on toilet. Informed staff to be back was getting drsg (dressing) supplies. Upon return res calling out et (and) on floor in front of toilet. Res states she put herself back in her W/C (wheelchair) et leaned over to get TED (antithrombolytic devices) hose et fell out of W/C. Assist to W/C via 2 staff. Some pain to hips x 2 but 0 (no) increase (indicated by arrow) than normal once up (indicated by arrow) in W/C...Sat up (indicated by arrow) in W/C for 2-3 hrs (hours)..."</p> <p>A physician's order dated 11/20/11 indicated "11/20/11 May xray (L) (left) hip D/T (due to) pain. If (-) (negative) et cont (continues) c (with) increased (indicated by arrow) pain may send to hosp (hospital) for xray..."</p> <p>An xray of the left hip was obtained and was negative for hip fracture. The femur was not xrayed.</p> <p>A nurses' note dated 11/20/11 at 8:00 P.M. indicated "Res cont (continues) to c/o (complain of) pain left leg. Leg has some general edema of that leg from hip down through the foot but only pitting on the inside of left knee. No bruising or</p>		<p>will be audited daily to ensure the physician order is implemented timely. All licensed staff have been inserviced on pacemaker policy and procedures including obtaining physician orders for parameters, frequency of heart rate checks, and pacemaker appointments and initiating a care plan on admission. 4) DHS or designee's daily audits will be reviewed in Monthly QAA for 6 months to assure substantial compliance.</p>				

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	<p>hematomas noted at all on that leg. Res has good ROM for that leg - given previous hip fx (fracture). Res stating pain 9 of 10 & whole leg tender to touch. No redness noted on left leg. Res had ice on left hip/thigh/knee...will continue to monitor."</p> <p>A Medication Administration Record dated 11/13/11 through 11/30/11 indicated "...Norco (a narcotic pain medication) 10/325 mg (milligrams) 1/1 PO (by mouth) q (every) 3 hrs (hours) PRN (as needed)..." The Norco had been given 4 times on 11/20/11. Further review indicated "...Norco 10/325 mg 1/1 PO q 6 hrs...." The Norco had been given routinely at 5AM, 11AM, 5PM, and 11PM.</p> <p>A "Skilled Nursing Assessment and Data Collection" form indicated:</p> <p>11/22/11 at 1:00 A.M. "Distressed - banging on side table c (with) cup et (and) pen...A & O x 3 (alert and orient times three) but very confused...Xanax (antianxiety medication) adm (administered) per PRN order..." Documentation was lacking related to an assessment of the resident's leg or pain.</p> <p>11/22/11 at 9:00 A.M. "Res in bed. pp+ (pedal pulses positive) bil (bilateral) (l)</p>						

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	<p>upper (indicated by arrow) leg c (with edema. N.O. order received to xray femur & knee. (Company name) called...Xray results in femur fx (fracture) to (L)...Res c (with) (continuous) pain. Has diff (difficulty) moving L (left) foot...N.O. (new order) to direct admit res to (hospital name)..."</p> <p>An xray report dated 11/22/11 indicated "...There is a fracture involving left mid to distal femur with modest displacement...Acute appearing left femur fracture...."</p> <p>Interview on 2/29/12 at 9:40 A.M. with the Director of Nursing indicated "I have no explanation for why she wasn't sent to the hospital" for additional xrays. She indicated the resident should have been sent on 11/20/11.</p> <p>Review on 2/29/12 at 9:10 A.M. of a facility policy and procedure dated 1/06, provided by the Director of Nursing, identified as current, and titled "Falls Management Program Guidelines" indicated "...Any orders received from the physician should be noted and carried out..."</p> <p>2. Resident #B's clinical record was reviewed on 2/29/12 at 8:15 A.M. The record indicated the resident was admitted</p>						

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	<p>with diagnoses which included, but were not limited to, acute respiratory failure, chronic obstructive pulmonary disease, lung cancer, and pacemaker.</p> <p>A chest xray report dated 1/9/12 indicated "...There is a pacemaker in position..."</p> <p>Documentation was lacking in the clinical record to indicate what type of pacemaker the resident had implanted.</p> <p>A "Nursing Admission Assessment & Data Collection" form dated 2/20/12, indicated "Cardiac Plan of Care." Further review indicated "Pacemaker checks as ordered due Mar '12..." Documentation was lacking related to checking the resident's pulse and related to pulse parameters for the resident's pacemaker.</p> <p>A physician orders recapitulation dated February 2012, indicated documentation was lacking related to the frequency the resident's pulse should be taken or pulse rate parameters to indicate when the physician should be notified.</p> <p>Interview on 2/29/12 at 9:40 A.M. with the Director of Nursing indicated the resident's pulse should be checked daily. She indicated there were no pulse parameters ordered by the physician.</p>						

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	<p>Review on 2/29/12 at 10:30 A.M. of an undated facility policy and procedure, provided by the Director of Nursing, identified a current, and titled "Guidelines for Pacemaker" indicated "...The physician shall provide the facility with the specific maximum heart rate above the pacemaker rate that is acceptable...The physician shall provide the programmed lower and upper rate for the pacemaker...Pulse shall be taken per the physician orders..."</p> <p>This federal tag relates to complaint IN00103679.</p> <p>3.1-37(a)</p>						

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F0323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure interventions were implemented to prevent falls resulting in a hip fracture and a femur fracture for 1 of 3 residents with falls in a sample of 4. (Resident #D).</p> <p>Findings include:</p> <p>Resident #D's closed clinical record was reviewed on 2/28/12 at 1:15 P.M. The record indicated the resident was admitted with diagnoses which included, but were not limited to, closed fracture of the femur, osteoarthritis, and difficulty walking.</p> <p>A hospital history and physical dated 9/12/11, indicated "...the patient reportedly slid off the kitchen chair at home and fell (sic) on her buttocks...evaluation at the emergency room included x-ray of the left femur which revealed an oblique fracture with minimal displacement...she stated that she was just getting over the last left hip surgery of 2010..."</p>		F0323	<p>1) Resident D discharged from facility on 12/26/11.2) Current residents in Health center had their fall care plans reviewed addressing the the accuracy of fall risks and assuring that all interventions were in place and appropriate.3) Nursing administration will review each new admission and readmission for fall care plan to assure interventions are appropriate to prevent falls. All resident falls will be reviewed by nursing administration to assure all care plans are updated and new interventions are in place. All licensed nursing staff were inserviced on fall and safety policy and procedure.4)DHS or designee's daily audits will consist of reviewing be reviewed in Monthly QAA for 6 months to assure substantial compliance.</p>		03/19/2012	

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	<p>A Minimum Data Set (MDS) Admission assessment dated 9/27/11, indicated the resident was cognitively intact, required extensive two-person physical assistance for transfer, was non-ambulatory, required extensive one-person assistance for toilet use, balance was not assessed, and had a fracture related to a fall in the previous 6 months.</p> <p>A "Nursing Admission Assessment & Data Collection" form dated 9/20/11, indicated "...Has cognitive impairment that effects safety/judgement @ (at) times Y (yes)...Has a history of falls Y (yes)...Takes meds (medications) that may affect balance, cognition or gait Y (yes)...Non-compliant with safety measures @ times Y (yes)..." Further review indicated "...Safety Plan of Care...Provide assistance for transfers and ambulation as needed...Toilet resident per toileting schedule...Ensure call light is within reach...Observe for compliance with safety interventions...Instruct resident on use of call light..."</p> <p>A resident care plan dated 9/20/11, indicated "...At risk for fall/injury AEB (as evidenced by)...History of Falls...Potential for falls...Interventions...Call light within reach...Lock breaks (sic) on bed, chair etc</p>						

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	<p>before transferring... When rising from a lying position, sit on side of bed for a few minutes before transferring/stand..."</p> <p>Nurses' notes indicated:</p> <p>11/5/11 at 11:15 P.M. "Res (resident) found on floor in bathroom next to her toilet & sitting on her butt. Denied any pain in extremities but had bumped the Rt (right) side of her forehead. Ice applied to hematoma that formed...Res able to move all extremities c s (without) diff (difficulty)..."</p> <p>11/6/11 at 12:00 A.M. "Upon further skin inspection - discovered (sic) that a hematoma had formed on Rt hip - fluid filled but 0 (no) redness or bruising. Res also has 2 1 cm (centimeter) skin tears on Rt elbow. Ice applied to Rt hip hematoma - res denies pain & has normal ROM (range of motion) of that leg & hip..."</p> <p>11/6/11 at 1:00 A.M. "Res states her Rt hip is starting to hurt..." At 1:45 A.M. the resident was sent to the hospital by ambulance.</p> <p>11/6/11 at 5:45 A.M. "(Hospital name) ER (emergency room) nurse called to let us know that res was admitted for Rt hip fx (fracture)..."</p>						

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	<p>A "Fall Circumstance, Assessment and Intervention" form dated 11/5/11, indicated "...Location of fall...Res bathroom...Found on floor...transferring self...toileting...Resident has cognitive or memory impairment that effects safety and judgement? Y (yes)...Resident requires assistance to transfer? Y (yes)...Resident requires assistance to ambulate safely with or without assistive device? Y (yes)...Prevention update...had res @ nurses station to monitor...will reassess upon return from hospital..."</p> <p>A hospital history and physical dated 11/6/11, indicated "...X-ray of the pelvis shows right subcapital femoral neck fracture...right hip fracture..."</p> <p>A "Nursing Admission Assessment & Data Collection" form dated 11/11/11, indicated "...Has cognitive impairment that effects safety/judgement @ (at) times N (no)...Has a history of falls Y (yes)...Takes meds (medications) that may affect balance, cognition or gait N (no)...Non-compliant with safety measures @ times N (no)..." Further review indicated "...Safety Plan of Care...Refer to therapy...Ensure call light is within reach...Obtain physician order for enabler (circled)...Provide side rails for bed mobility. Full 2 (circled)..."</p>						

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	<p>A resident care plan dated 9/20/11, indicated documentation was lacking related to any additional interventions implemented to prevent falls after the 11/5/11 fall.</p> <p>A "Physical Therapy Discharge Summary" dated 11/7/11 indicated "...Patient currently requires max (maximum) assist with transfers and standing and is at risk for falls and injury..."</p> <p>Interview on 2/29/11 at 9:40 A.M. with the Director of Nursing indicated the resident "used her call light." She indicated the resident was asked why she fell and had said "Physical therapy told me to get up and start moving." She indicated the intervention after the fall was "resident education."</p> <p>A "Skilled Nursing Assessment and Data Collection" form dated 11/20/11 (no time) indicated "...Res placed on toilet, informed staff to be back was getting drsg (dressing) supplies. Upon return res calling out et (and) on floor in front of toilet. Res states she put herself back in her W/C (wheelchair) et leaned over to get TED (antithrombolytic devices) hose et fell out of W/C. Assist to W/C via 2 staff. Some pain to hips x 2 but 0 (no) increase (indicated by arrow) than normal</p>						

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	<p>once up (indicated by arrow) in W/C...Sat up (indicated by arrow) in W/C for 2-3 hrs (hours)..." At 11:30 A.M. "(Company name) here et xray done. Results are in et (and) (-) (negative)..."</p> <p>A physician's order dated 11/20/11, indicated "May xray (L) (left) hip D/T (due to) pain. If (-) (negative) et cont c (with) increased (indicated by arrow) pain may send to hosp (hospital) for xray..."</p> <p>Nurses' notes indicated:</p> <p>11/20/11 at 8:00 P.M. "Res cont (continues) to c/o (complain of) pain left leg. Leg has some general edema of that leg form hip down through the foot but only pitting on the inside of left knee...Res had good ROM for that left - given previous hip fx (fracture). Res stating pain 9 of 10 & whole leg tender to touch...Res has ice on left hip/thigh/knee..." Documentation was lacking related to the resident being sent to the hospital for additional x-rays.</p> <p>11/22/11 at 9:00 A.M. "Res in bed. pp+ (pedal pulses positive) bil (bilateral) (L) upper (indicated by arrow) leg c (with) edema. N.O. (new order) received to xray femur & knee. (Company name) called...Xray results in femur fx to (L)...res c (with) cont (continuous) pain.</p>						

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	<p>Has diff (difficulty) moving (L) foot..." The resident was admitted to the hospital.</p> <p>A "Fall Circumstance, Assessment and Intervention" form dated 11/20/11 indicated "...Location of fall...Bathroom...Found on floor...transferring self...reaching for object...Resident has cognitive or memory impairment that effects safety and judgement? N (no)...Resident requires assistance to transfer? Y (yes)...Resident requires assistance to ambulate safely with or without assistive device? Y (yes)...Prevention update...Note in b/r (bathroom) @ (sic) reminder...PPA (personal alarms) to W/C et bed..."</p> <p>An x-ray report dated 11/22/11 indicated "...There is a fracture involving left mid to distal femur with modest displacement...Acute appearing left femur fracture..."</p> <p>A "Nursing Admission Assessment & Data Collection" form dated 11/30/11 indicated "...Has cognitive impairment that effects safety/judgement @ (at) times Y (yes)...Has a history of falls Y (yes)...Takes meds (medications) that may affect balance, cognition or gait Y (yes)...Non-compliant with safety measures @ times Y (yes)..."</p>						

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	<p>A resident care plan dated 11/30/11 indicated "...At risk for fall/injury...Additional approaches: Bed pad alarm, chair pad alarm..."</p> <p>The resident expired on 12/26/11.</p> <p>Interview on 2/28/11 at 9:00 A.M. with the Medical Director indicated the resident had not expired due to the falls. He stated "she gave up and quit eating."</p> <p>Interview on 2/29/12 at 9:40 A.M. with the Director of Nursing indicated the resident had fallen at 7:00 A.M. She indicated she should not have been left alone in the bathroom.</p> <p>Review on 2/29/12 at 9:10 A.M. of a facility policy and procedure dated 1/06, provided by the Director of Nursing, identified as current, and titled "Fall/Safety Management Program Guidelines" indicated "...Care plan interventions should be implemented that address the resident's risk factors...Should the resident experience a fall the attending nurse shall complete the 'Fall Circumstance and Reassessment Form.'</p> <p>The form includes...interventions to reduce risk of repeat episode and a review by the IDT (interdisciplinary team) to evaluate thoroughness of the investigation and appropriateness of the</p>						

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	<p>interventions...Any orders received from the physician should be noted and carried out..."</p> <p>This federal tag relates to complaint IN00103679.</p> <p>3.1-45(a)(2)</p>						